PTO/SB/17 (10-08)

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Effectiv		Complete if Known							
FEE TRANSMITTAL				Application Numb	plication Number 10/530,643				
				Filing Date	Ar	April 7, 2006			
For FY 2009			First Named Inve	entor Mi	Michelle CAYOUETTE				
Applicant elging amell on the plant are Sec. 27 CED 4 07				Examiner Name	Si	Sheridan Swope			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	16	1652			
TOTAL AMOUNT OF PAYMENT (\$) 2452				Attorney Docket I	No. D	D1160N			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-0661 Deposit Account Name: Verenium Corporation									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form Provide credit card									
Information and authorization o	n PTO-2038.			***************************************					
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
1. BASIC FILING, SEAR	FILING F			CH FEES	EYAMIN	IATION FEES			
Application Type		mall Entity		Small Entity		Small Entity			
Utility	330	Fee (\$) 165	Fee (\$		Fee (\$)	1.00	Fees Paid (\$)		
Design	220	110	100	270	220	110			
Plant	220	110	330	50	140	70	***************************************		
Reissue	330	165	540	165	170 650	85			
Provisional	220	110	0	270		325			
2. EXCESS CLAIM FEES		110	U	0	0	0	Down all Frontier		
Fee Description Each claim over 20 (in	Fee (\$) 52	Small Entity Fee (\$) 26							
Each independent clair			ies)			220	110		
Multiple dependent claims							195		
							Multiple Dependent Claims		
- 20 or HP = HP = highest number of total c	laims paid for	XX	.=			Fee (\$)	Fee Pald (\$)		
Indep. Claims	xtra Claim		Fee	Paid (\$)		***************************************			
- 3 or HP =x HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Sheets of fraction thereof: See 50 U.S.C. 41(a)(f)(c) and 3 / C.FK 1.10(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
	Other (e.g., late filing surcharge): Notice of Loss of SE Status Deficiency Fees \$2452								

SUBMITTED BY							
Signature	/Jennifer Risser/	Registration No. (Attorney/Agent) 60,059	Telephone 858-526-0376				
			Date November 20, 2009				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is powered by 38 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application from the USFTO. The well-way depending on the individual case. Any comments on the amount of time your require to complete his form and/or suggestions for reducing his burden, school be sent to the Chef Information Officer, U.S. place and in Commence, P.O. Box 1450, Alexandria, VA 2231-4400, UNION STSRD-EESOR COMMETTED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.